

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

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Agenda item: 8
Wards: All

Subject: Transition of Public Health to the London Borough of Merton

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Lead member: Cllr Suzanne Evans

Forward Plan reference number: N/A

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Recommendations:

That the Scrutiny Panel reviews the Transition Plan and the arrangements that are being put in place to manage the transition of Public Health functions from the NHS to the London Borough of Merton from April 1st 2013 to ensure that they are fit for purpose .

PURPOSE OF REPORT

The purpose of this report is to update the Scrutiny Panel on the proposed arrangements for the transition of public health functions from the NHS to the Local Authority.

DETAILS

- 1 The Health and Social Care Act 2012 includes the transfer of responsibilities for public health from NHS Primary Care Trusts to local authorities from April 2013. The Council must appoint a Director of Public Health to take responsibility for its public health functions which include duties to improve the health of the people in the area of the borough, including information and advice, as well as services to promote healthy living and for the prevention, diagnosis and treatment of illness, and advice to the clinical commissioning group to enable it to discharge its own functions in relation to prevention, diagnosis and treatment of illness and the protection and improvement of public health.
- 2 The clauses in the Act that relate to the public health provisions as applicable to local authorities are included as Background Paper 1 to this report. Further detail about the public health functions was published in December 2011, and is included in sections 2 and 3 of the London Borough of Merton Public Health Transition Plan, which is attached as Appendix 1. Although there has been substantial debate in Parliament since December, the amendments relating to the public health

responsibilities of local authorities only apply to the need for the local authority to have regard to any document published by the Secretary of State for Health, including the exercise of the functions and the appointment of officers to discharge the functions, including the Director of Public Health. Parliamentary debate has not challenged the core proposals, which remain as published in the December guidance.

- 3 The new public health responsibilities are intended to clearly demonstrate the leadership role for local authorities in:
 - Tackling the causes of ill health, and reducing health inequalities
 - Promoting and protecting health
 - Promoting social justice and safer communities
- 4 The vision for local government leadership of public health is that health and wellbeing is integral to everything the council does, and that health impact (what will this do for the health and wellbeing of the population? will this reduce health inequalities locally?) and maximising health benefit are systematically assessed during policy development.
- 5 Local authorities are required to agree plans for the transition of public health, including staff, programmes and contracts. A local transition plan is required by NHS London by 5 April 2012, although it is recognised that Council sign off may not have been achieved by this date.
- 6 In Sutton and Merton, where Public Health services are currently provided by NHS Sutton and Merton across both boroughs, transition has the added complexity of requiring decisions and possible consultation about the distribution of the public health arrangements between the two boroughs.
- 7 The Draft London Borough of Merton Public Health Transition Plan (Appendix 1) sets out a draft plan for the transition of public health functions from NHS Sutton and Merton to the London Borough of Merton in 2012/2013. The plan includes:
 - The governance and assurance structures and processes that will be in place to support the transition
 - The critical activities that need to be undertaken to ensure a smooth transition:
 - The critical activities that must be delivered during the transition year to ensure that business as usual is not compromised as services and people transition
 - The milestones that must be met during transition and the dependencies and interdependencies of supporting activities
 - The key risks and issues that will need to be addressed during transition
 - The control and reporting arrangements
- 8 The plan is supported by a number of appendices including the transition action plan which details the tasks that need to be carried out and will act as a tool to measure progress.
- 9 A new Public Health Outcomes Framework for Public Health 2013 - 2016 was published in January 2012, which sets the vision for public health and consists of two overarching outcomes, increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

These will be delivered through a broad range of indicators grouped into four domains. A summary of the indicators is attached as Background Paper 2.

ALTERNATIVE OPTIONS

The transition of public health functions from the NHS to Local Authorities is not an option under the Health and Social Care Act 2012. However, a number of options for the service structure and design are currently being considered.

CONSULTATION UNDERTAKEN OR PROPOSED

None, apart from that relating to the staff who may be transferred

TIMETABLE

The timetable and key milestones for the transition of public health functions are covered in the Transition Plan and include:

- Public Health responsibilities will transfer to the Council on 1 April 2013.
- The Public Health ring-fenced Grant is expected to be announced in December 2012, for 2013/14

FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Public health functions and staff will be funded by the Public Health Grant. There are concerns that this will be sufficient to fully fund the functions. There are also concerns that the proposed baseline funding allocation for Merton at £34 per head of population is below the average England spend of £40 per head.

In addition, any decision to appoint a sole Director of Public Health will have costs implications, and an agreement to make 3% of the Public Health Grant available to the Mayor for London-wide public health delivery (£210,000 approximately), will need to be funded. Detailed analysis of the Public Health spend and the on-going commitments against the likely Public Health Grant is underway.

LEGAL AND STATUTORY IMPLICATIONS

In preparation for the transition year 2012/13, Primary Care Trusts are required to agree a Memorandum of Understanding (MoU) with their local authority covering working arrangements during the transition year. The MoU between NHS SW London and the London Borough of Merton has been agreed. The MoU makes clear that the continuing legal, professional and clinical accountability for public health functions and staff remain with NHS SW London, Sutton and Merton, until 1 April 2013, unless any formal legal agreement to transfer any responsibilities to the London Borough of Merton is put in place. It also sets out the role of the Public Health Transition Programme Board for the oversight of the transition, as well as the monitoring of performance and outcomes of public health functions, including finance and activity to ensure transparency between the PCT and the Council during the transition year.

HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The statutory duty on the Council for public health will include the reduction of health inequalities

CRIME AND DISORDER IMPLICATIONS

None

RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

A risk log is attached to the Transition Plan as Appendix 6 identifying potential risks to transition. The Transition Project Board will agree mitigation plans and monitor the risks regularly.

APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1: London Borough of Merton Public Health Transition Plan and Transition Action Plan

BRIEFING PAPERS

1. Health and Social Care Bill: Public Health provisions as applicable to local authorities
2. Improving outcomes and supporting transparency; A Public Health Outcomes Framework for England, 2013-2016

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf

BACKGROUND PAPERS

None.



South West London

**LONDON BOROUGH OF MERTON
PUBLIC HEALTH TRANSITION PLAN**

CONTENTS

	Page
Executive Summary	4
1. Introduction and background	5
2. Local Government's new public health responsibilities	6
3. Public health commissioning	8
4. Governance arrangements and structure for public health Transition	9
5. Approach	12
6. Aims, objectives and outcomes of the public health transition Project	13
7. Project scope and exclusions	14
8. Constraints and assumptions	14
9. Reporting Arrangements	15
10. Timetable and key milestones	15
11. Risks and issues	17
12. Communications Plan	17
13. The Work streams	18
14. Resources	20

Appendices

- 1. Publications*
- 2. Terms of Reference*
- 3. Public Health Transition Project structure*
- 4. Key stakeholders*
- 5. Transition plan check list*
- 6. Risk Log*
- 7. Issues Register*
- 8. Work Stream Report Template*
- 9. Outline Transition Plan*
- 10. Transition Action Plan*

Executive Summary

The Health and Social Care Act (2012), includes a series of clauses that will transfer public health functions, currently the responsibility of NHS primary care trusts, to local authorities. The new system will give clear accountability for the improvement and protection of their population's health to local government. These new responsibilities will transfer on 1 April 2013.

Public Health services for the London Borough of Merton are currently provided by NHS Sutton and Merton, which also provides services to the London Borough of Sutton. It will be necessary to review and consider the redesign of the structure of the Public Health team before the services can transfer, in recognition of the potential for two separate teams, one for each borough.

PCTs and local authorities are required to produce and implement a transition plan providing assurance to the local authority and the NHS that robust arrangements are in place to support the transition of public health functions, including services, staff and resources.

This document sets out a draft plan for the transition of public health functions from NHS Sutton and Merton to the London Borough of Merton in 2012/2013. The plan sets out:

- The governance and assurance structures and processes that will be in place to support the transition
- The critical activities that need to be undertaken to ensure a smooth transition:
- The critical activities that must be delivered during the transition year to ensure that business as usual is not compromised as services and people transition
- The milestones that must be met during transition and the dependencies and interdependencies of supporting activities
- The key risks and issues that will need to be addressed during transition
- The control and reporting arrangements

The plan is supported by a number of appendices including the transition action plan which details the tasks that need to be carried out and will act as a tool to measure progress.

The situation in Merton is complex because public health services are currently provided by NHS Sutton and Merton across two local authorities, Merton and Sutton. Agreement needs to be reached on the best structure for both boroughs and the most appropriate way to disaggregate the functions.

Once this has been agreed, the London Borough of Merton will be in a good position to take on its new responsibilities for public health and benefit from the integrated service.

1. Introduction and background

The Health and Social Care Act (2012), includes a series of clauses that will transfer public health functions, currently the responsibility of NHS primary care trusts, to local authorities. The new system will give clear accountability for the improvement and protection of their population's health to local government. It will include new responsibilities and resources to improve the health and wellbeing of their local population, within a broad policy framework set by the Government. These new responsibilities will transfer on 1 April 2013. A list of relevant policy documents and guidance is attached as appendix 1.

Re-uniting public health responsibilities in the local authority offers new opportunities for innovative solutions in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution, to support local communities to become healthy and stay healthy. It will take time for local authorities to realise the full potential and benefits of the shift of public health responsibilities, and for the NHS to reassess its continuing contribution to improving people's health.

As part of the new responsibilities for health, councils will need to consider:

- Health Impact: Local authorities will be expected to ensure health impact is considered and included in all policies, asking key questions such as "what will this do for the health and wellbeing of the population?" and "will this reduce health inequalities locally?" This will require the Council to adopt a new approach when developing policy, strategy and designing new services to consider health impact along with equality and environmental impact.
- Health Protection: there has been an increasing emphasis put on the role of local authorities in health protection, particularly through its response to emergency planning. Although Councils are already Category One responders in terms of the Civil Contingency Act, the new guidance means the response to emergency planning and business continuity needs to take into consideration the potential impact on health and the mitigation needed to protect health. In addition, the Director of Public Health will be the lead for health protection locally, supported by the local unit of Public Health England.

Public Health functions for the London Borough of Merton are currently provided by NHS Sutton and Merton, which also provides services to the London Borough of Sutton. It will be necessary to review and redesign the structure of the Public Health team to ensure it meet the future needs of the population served by the London Borough of Merton within the resources that are available.

This document sets out a draft plan for 2012/13 for the transition of public health functions from NHS Sutton and Merton to the London Borough of Merton. The plan sets out:

- The governance and assurance structures and processes that will be in place to support the transition
- The critical activities that need to be undertaken by each (provisional) work stream to ensure a smooth transition:
 - Future Operating Model (Vision, Strategy and Structures)
 - Finance, including arrangements for 2012/13 oversight
 - Workforce, including consultation
 - Governance and legal framework, including contracts
 - Arrangements for public health support to NHS commissioners
 - Commissioning and performance
 - Transition of services and programmes
 - Communications and Engagement
 - Infrastructure and IT
 - Project Management
- The critical activities that must be delivered during the transition year to ensure that business as usual is not compromised as services and people transition
- The milestones that must be met during transition and the dependencies and interdependencies of supporting activities
- The key risks and issues that will need to be addressed during transition

The draft plan will be subject to refinement and agreement with:

- London Borough of Merton
- The shadow Health and Wellbeing Board for Merton
- NHS South West London
- Clinical Commissioning Group for Merton
- Public Health England
- Staff and trade union representatives

2. Local government's new public health responsibilities

The Government is returning responsibility for improving public health to local government because of their unique potential to transform outcomes through their population focus; ability to shape place based on local need; ability to influence the wider social determinants of health; ability to tackle health inequalities. Local Authorities will have key responsibilities across the three domains of public health: health improvement; health protection and healthcare public health. In particular new responsibilities are focussed on:

- Tackling the causes of ill-health and reducing health inequalities
- Promoting and protecting health (including a greater focus on Emergency preparedness)

- Promoting social justice and safer communities

Local Government will be expected to:

- ensure **health impact** is considered in all policies asking key questions, “what will this do for the health and wellbeing of the population?” and “will this reduce health inequalities locally?”
- invest the new ring-fenced grant in high-quality public health services
- encourage health promoting environments, for example, access to green spaces and transport and reducing exposure to environmental pollutants
- support local communities by promoting community renewal and engagement, development of social networks (in particular for young families and children, and isolated elderly people)
- tailor services to individual needs based on a holistic approach, focusing on services that address multiple needs, rather than commissioning a plethora of single issue services, and using new technologies to develop services that are easier and more convenient for users
- make effective and sustainable use of all resources, based on evidence to help ensure these are appropriately directed to areas and groups of greatest need and represent the best possible value for money for local citizens
- work with a wide range of partners to achieve these goals through health and Wellbeing boards (H&WBBs) and supported by HealthWatch. The H&WBBs will also drive the agenda of working with clinical commissioning groups to provide integration across clinical pathways, which will maximise the scope for upstream interventions

and to:

- Produce the joint strategic need assessment (JSNA) jointly with clinical commissioning groups to ensure coherent and co-ordinated commissioning strategies and enable Health and Wellbeing Boards to develop joint health and wellbeing strategies.
- Support local voice and patient choice
- Promote joined up commissioning of local NHS services, social care, children’s services and health improvement
- Lead on local health improvement, health protection and prevention activity
- Provide public health support to clinical commissioning groups
- Have clear roles, responsibilities and accountabilities for emergency preparedness, resilience and the response.

3. Public health commissioning

From April 2013, Local Government will be expected to commission services for the following areas of responsibility

Commissioning responsibilities (mandated services*)		
<ul style="list-style-type: none"> ▪ Tobacco control and smoking cessation initiatives ▪ Alcohol and drug misuse services ▪ Interventions to tackle obesity ▪ Community nutrition initiatives ▪ Increasing physical activity levels in the local population ▪ NHS Health Check Programme* ▪ Public mental health services ▪ Dental public health services ▪ Accidental injury prevention ▪ Population level interventions to reduce and prevent birth defects ▪ Behavioural and life style campaigns to prevent cancer and long term conditions 	<ul style="list-style-type: none"> ▪ Local initiatives on workplace health ▪ Local initiatives to reduce excess deaths as a result of seasonal mortality ▪ Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes ▪ Comprehensive sexual health services)* (excluding HIV treatment services and terminations) ▪ Ensuring NHS commissioners receive the public health advice they need ('core public health offer')* ▪ Children's public health services including Healthy Child Programme 5-19 years (pregnancy to age 5 including health visiting services from 2015) ▪ The National Child Measurement Programme* 	<ul style="list-style-type: none"> ▪ Role in dealing with health protection incidents and emergencies including duty to ensure there are plans in place to protect the health of the population* ▪ Public health aspects of promotion of community safety, violence prevention and response ▪ Public health aspects of local initiatives to tackle social exclusion ▪ The local authority role in dealing with health protection incidents, outbreaks and emergencies* ▪ Local initiatives that reduce public health impacts of environmental risks*

The decision to commission non-mandatory services will be based on the PH Outcomes Framework, the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Current position in Merton

The Public Health Team of NHS Sutton and Merton currently provides public health functions to both the London Boroughs of Merton and of Sutton. A public health programme analysis has been carried out to detail all the programmes currently commissioned and /or provided by the team. There are already robust arrangements in place to commission the mandatory services but the majority of services are commissioned and delivered across both the boroughs and further work is being undertaken to assess how the services can be split between the two boroughs.

The shared delivery of public health through NHS Sutton and Merton means that there is a key interdependency with the London Borough of Sutton, and that agreement by both councils on the distribution and any sharing of the public health resource (including staff) will be critical to transition.

The functions are provided by a public health team of twenty, which includes the Director of Public Health (DPH), two Consultants in Public Health medicine, two joint Consultants in Public Health (one of whom is a joint appointment with the London Borough of Merton and the other a joint appointment with the London Borough of Sutton) and service and programme managers. Some of the staff are part time and the DPH is an interim appointment. In addition, there is a small team delivering Stop Smoking Services.

The public health team, apart from the joint Consultants in Public health who have bases in the Council offices as well as the NHS, is based together in NHS accommodation.

Once the issue of separating the public health resources and agreeing the structure has been settled, Merton Council will be well placed to take on its new public health responsibilities. As well as already having the joint appointment, it has well-established strategic partnerships and an established process for producing the Joint Strategic needs Assessment (JSNA).

4. Governance arrangements and structure for public health transition

Public Health Governance

NHS Sutton and Merton is currently responsible for the discharge of public health functions and will remain so until the end of March 2012 when responsibility transfers to the local authorities.

The Director of Public Health (Interim) is the Executive Director accountable to the PCT Chief Executive, who is also the NHS S W London cluster Chief Executive, for the effective delivery of the services.

A Memorandum of Understanding has been agreed which sets out the arrangements that will be in place for the governance and direction of the public health system during the shadow working period of April 1st 2012 to March 31st 2013.

Project Governance

To support effective governance during the transition, a Public Health Transition Board for Merton has been established to ensure that the Public Health services are transferred to the London Borough of Merton by April 2013. An equivalent Board has been established for Sutton. The Transition Boards for each council meet together or separately depending on issues to be addressed. The Terms of Reference for the Transition Board are shown in Appendix 2.

The Transition Board has decided to establish a formal transition project and has appointed a project manager to manage the process, jointly for Sutton and Merton.

PCTs and local authorities are required to produce a Transition Plan, which describes how the PCT and local authority will work together to transfer the public health services to the local authority on April 1st 2013. The plan will give assurance to the local authority and NHS that there are robust transition arrangements for the public health system.

Public Health Transition Project Board

The Transition Board for Merton is chaired by the Director for Public Health and includes:

- Director of Community and Housing, London Borough of Merton
- Interim Director of Public Health, NHS SW London, Sutton and Merton
- Borough Managing Director, NHS SW London, Sutton and Merton
- Joint Consultant in Public Health (Merton)
- Representative of the Director of Transition, NHS SW London
- Project Manager, Public Health Transition

Additional members will join the group as the work continues, including finance and human resources colleagues.

Transition Project Team

The Transition Plan includes ten work streams and work stream leads will be identified from both the council and the PCT. The work stream leads will meet as a Project Team and attend Transition Board meetings as required.

The Public Health Transition project structure is shown in Appendix 3.

Key Stakeholders

A list of key stakeholders is shown in Appendix 4. Stakeholders will be involved in the project at appropriate levels and times in line with the Public Health Transition Communications Plan.

Roles

Roles of each party to the transition plans for Public Health have been identified as follows:

Director of Public Health (Interim): is the Project Director and ensures plans are robust and services/programmes are transferred appropriately, considers/identifies with other DPH and Local Authorities, services and functions that could be delivered more effectively on a larger geographical footprint; public health risks and mitigating action are in place and communicated to partners and a legacy handover process in agreed.

The Project Board: is the project sponsor and is be responsible for:

- Agreeing the Project's aims, scope, outputs, structure and resources
- Providing the resources
- Agreeing the Public Health Transition Plan and agreeing any major changes to the plan
- Ensuring that the expected outcomes are achieved and determining any corrective action if required
- Monitoring progress and resources
- Deciding on key issues
- Co-ordinating formal approval processes
- Briefing the Council and the PCT Board
- Ensuring that the plan is delivered on time and within the resources

The Project Team

The work stream leads form the project team and will agree and complete the tasks and actions in the Transition Action Plan and will be responsible for planning, tracking and delivering the tasks. They will delegate tasks as required and decide whether to meet in person or remotely to progress the tasks. They will identify risks and issues and agree plans to mitigate these. They will report progress to the Project Manager. The Project Manager will support the work stream leads and will collate the plans and reports.

The Project Manager: will manage the project, coordinate the work stream tasks and implement any changes with advice from the Public Health Consultants

NHS Sutton & Merton: will ensure the engagement of staff; input from Clinical Commissioning Groups (CCG) and the shadow Health and Wellbeing Boards (sHWBBs); regard for Public Sector equality duty; clear specification for the destination of all public health functions, services and programmes; identify

transitional risks including impact on workforce; demonstrate clear accountability for delivery during transition year; explicit on resources available for delivery and supporting transition

The London Borough of Merton will ensure involvement with the PCT and PCT Cluster, development of transition plans; agreement of delegated responsibility for delivery of public health services; sign off final plans as demonstration of involvement and agreement to plan

Merton shadow Health and Wellbeing Board

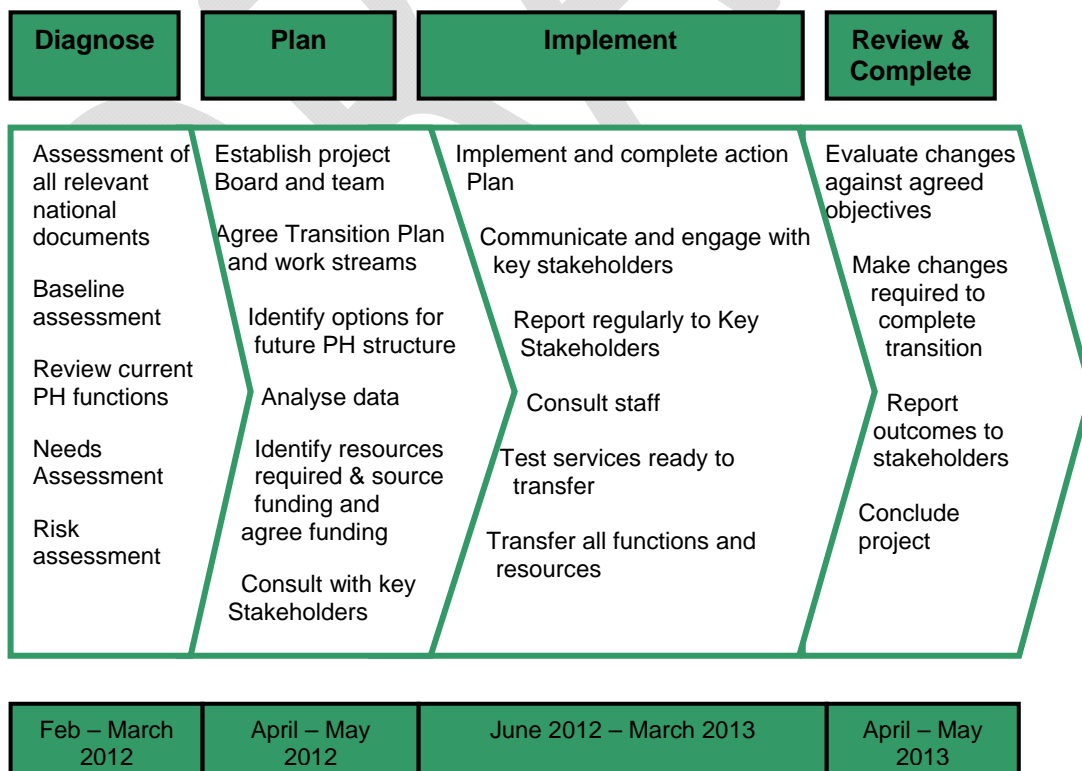
The shadow Health and Well being Board will approve the transition plan and receive regular progress reports, ensuring that plans are in line with the vision and health and well being strategy for Merton.

NHS SW London will assure that the transition plans and processes are in accordance with guidance and legal duties.

NHS Commissioning Board will ensure full participation in development of plans; governance and accountability for public health services it has responsibility for.

5. Approach

The project will be based on PRINCE 2 methodology. There will be four stages to the project:



6. Aims, objectives and outcomes of the public health transition project

The aims, objectives and outcomes of the transition project are:

Aims

1. To ensure the smooth transition of the public health function to the London Borough of Merton by April 2013 in line with government policy and guidance.
2. To ensure current public health performance and delivery is maintained during the transition.
3. To ensure the future function and form is fit for purpose (keeps the population safe, improves its general health and reduces health inequalities within allocated resources)

Objectives

1. To advise the Council on the local implications of national guidance on the role of Public Health in Local Authorities
2. To provide a detailed assessment of the current services and expenditure on the public health services due to be transferred. This includes identifying current contracts, service specifications; spend, performance and quality, in order that future commissioners can make a risk assessment of the transition of the responsibilities
3. To ensure that current staff are properly consulted and kept informed of the changes as it affects their current roles
4. To develop a number of options for the Council Executive and Officers to consider for how Public Health might function following the transfer
5. To ensure that all key stakeholders are aware of and engaged in the process at an appropriate level.

Outcomes

At midnight, on 31 March 2013, a robust public health function will transfer to the London Borough of Merton, funded and staffed to commission and deliver the mandatory and locally agreed public health services which are designed to improve the health and wellbeing of the local community and fully comply with public health legislation.

7. Project scope and exclusions

Scope

The project covers all the public health functions currently provided by NHS Sutton and Merton. The project will focus on functions transferring to the London Boroughs of Merton and Sutton but will also include services and staff transfer to other organisations such as local provider services, National Commissioning Board or Public Health England. The transition includes public health services, staff and resources.

While the project, by necessity, focuses on the successful transition of the public health functions to the local authority, opportunities will also be taken to review, improve and develop and transform the services, integrating more closely with the council's existing services and building on existing relationships to provide expert public health advice and support to the Clinical Commissioning Groups and other organisations.

Exclusions

The following are not within the scope of the transition project but are related to it. They have their own separate work groups, projects and project plans.

- Health and Wellbeing development programme and strategy
- JSNA development project.

8. Constraints and Assumptions

The project is subject to the following constraints:

- Delays in the release of further national policy and guidance
- Delay in or failure to agree the structure and operating model for the new public health system for Merton
- Failure to secure an acceptable level of funding to be deliver the public health functions and operating model when transferred

The project will, therefore, proceed with the following assumptions

- A timely decision will be reached on the future operating model for the London Borough of Merton's Public Health Services
- The operating model can be delivered within resources available.
- Sufficient resources will be available to carry out the tasks required to deliver the project

9. Reporting and control arrangements

PCT clusters are required to provide monthly progress reports to NHS London who will carry out a formal assessment of progress in October 2012.

The Merton Public Health Transition Project will be required to provide progress reports to the NHS SW London cluster for inclusion in their reports to NHS London. It is anticipated that NHS London and NHS SW London will expect progress to be reported based on the local public health transition plan check list (attached as Appendix 5) which was included with the Public health transition planning support for Primary care trust and local authorities (details of this and other relevant publications are attached in Appendix 1).

The project will also report progress to the Council, the PCT Board, The shadow Health and Wellbeing Board and the Health Scrutiny Panel.

Progress within the project will be measured against the Transition Action Plan (appendix 10). This has been developed to cover all the tasks required to transfer the public health functions successfully by April 2013. It has taken into account the Transition Plan check list.

A risk log and an issues register will be maintained by the work stream leads (see section 11 below and Appendix 6 &7).

The leads for each work stream in the action plan will produce a monthly highlight / exception report for the project team which will be summarised for the Project Board. The reports will confirm that the work stream is progressing in line with the action plan or identify any areas where they are failing to make adequate progress or there are changes or issues for discussion or decision by the Project Board.

Example of the reporting form is attached in Appendix 8

10. Timetable and key milestones

National timetable

The Department of Health has set out the following timetable and milestones for public health transition. It is anticipated that further dates and milestones will be published during the year.

Action	By when
Agree a local transition plan for public health as part of the overall integrated plan, taking account of the checklist	End March 2012
Develop a communication and engagement plan	first draft by March 2012
Agree an approach to the development and delivery of the local public health vision	June 2012
Agree arrangements on public health information requirements and information governance	September 2012
Test arrangements for the delivery of specific public health services, in particular screening and immunisation	October 2012

Test arrangements for the role of public health in emergency planning, in particular the role of the Director of Public Health and local authority based public health	October 2012
Ensure an early draft of legacy and handover documents is produced	October 2012
Ensure final legacy and handover documents are produced	January 2013
Agree arrangements for local authorities to take on public health functions	Local determination

Merton Timeline

A high level timetable has been drafted for Merton. A more detailed timeline, showing dependencies, is attached as appendix 9.

Action	By when
Options Paper on future public health structure and position of DPH to Merton Council CMT	March 12
Agree Memorandum of Understanding for shadow year	March 12
Draft Transition Plan	March 12
Agree Transition Plan and submit to NHS SW London	April 12
Agree work streams and work stream leads	April 12
Draft Communications and Engagement Plan	April 12
Agree model for PH structure & DPH	April 12
Start shadow financial and performance reporting	May 12
Agree approach to developing & delivery of local PH vision and strategy	June 12
Agreed vision, strategy and operating model	June 12
Agree staff transfer process	June 12
Identify staff to transfer	July 12
Staff consultation document produced	Aug 12
Staff consultation starts	Sept 12
Draft legacy and handover documents	Oct 12
Test arrangements for delivering PH Services (screening & immunisation)	Oct 12
Agree PH role in emergency planning	Oct12
Formal assessment of progress against plan	Oct 12
Test arrangements for emergency planning	Nov 12
Staff consultation ends	Dec 12
Consultation response document	Jan 12
Final legacy and handover documents	Jan 12
PH Functions transfer to successor organisations	April 13

11. Risks and issues

While it is hoped that the majority of risks will be eliminated through careful planning, good communication and a joint approach to the transition, a

number of risks to the success of the project have been identified and need to be managed:

The risks fall into two categories:

- Transition risks: immediate risks which affect the delivery of the public health functions arising during the transition period
- Legacy risks: longer term risks to the future delivery of public health functions as a consequence of the transfer.

The risks have been aligned to the appropriate work stream. The impact and probability of each risk will be assessed and rated and a plan for managing the risk will be agreed on a risk log, which is shown in appendix 6.

The issue register template has been drafted and is attached as appendix 7. It will be maintained and updated throughout the duration of the project by the work stream leads and reviewed by the project board.

12. Communications Plan

The communications Plan describes how stakeholders will be kept informed of the project and its progress. An outline plan is shown below. This will be developed more fully by the communications and Engagement work stream lead.

Information	Recipient	Distribution	Responsibility
Transition Plan	Project Board Project Team	Following Project Board approval to Council, Cluster, sHWB.	Project manager
Action Plans	As above	Following Board approval, as above when required	Project Manager
Project highlight/exception reports	As above	Monthly	Project manager
Project News	As above	tba	Communications Lead
Project Closure report	As above	At the end of the project, as required	Project Manager

13. The Work streams

The successful transition of the public health functions will be achieved through ten work streams, each with an identified lead from the PCT and the London Borough of Merton. They will be responsible for delivering a number of key tasks, which are described in detail in the Transition Action Plan, attached as Appendix 10.

Future Operating Model work stream will:

Ensure that the future function and form of Merton Public Health is fit for purpose (keeps the population safe, improves its general health and reduces health inequalities within allocated resources). It has three main objectives;

- i. To develop a number of options for the Council Executive and Officers to consider on how Public Health might operate following the transfer, including the role of the DPH and the wider public health team.
- ii. To agree a vision and an appropriate organisational structure for Public Health including the role of the DPH and the wider public health team
- iii. Design a future operating model ensuring that all mandatory services continue to be delivered and specific services are developed and delivered to meet local need (based on the JSNA and Merton Health and Wellbeing Strategy).

The finance work stream has three overall objectives:

- i. To provide a detailed financial assessment of the current services, income and expenditure on the public health services, the proposed future structure and the financial allocation due to be transferred so that the London Borough of Merton can make an informed assessment of the financial implications of the transition of the responsibilities.
- ii. To ensure that financial systems and support functions are in place and funded to support the transition of PH functions from the PCT to the LB of Merton
- iii. To manage the handover of day to day financial management

Key issues for the finance group include:

- Concerns that the baseline spending estimates calculated by the Department of Health are inadequate and inequitable. Merton has a public health spend of £34 per head of population which is below the average England spend of £40 per head.
- Concerns about the way the funding will be split between Merton and Sutton
- Concerns that the funding will not support the preferred operating model and structure

The Workforce work stream has three overall objectives:

- i. To produce a workforce plan and manage the transfer of staff to their new organisation(s) in line with national guidance
- ii. To ensure that current staff are properly consulted and kept informed of the changes as it affects their current roles
- iii. Take reasonable steps to avoid redundancies and ensure that arrangements are in place to support the redeployment as necessary of any displaced staff. Engage the local unions in the process

The Governance and Legal work stream has six overall objectives:

- i. To ensure that all legal and governance issues have been identified and are in place to support the safe transfer of Public health function to the London Borough of Merton by April 2013
- ii. Ensure clinical governance systems are in place for all relevant services to be commissioned by the Borough
- iii. Test new arrangements for specific public health functions, including emergency planning, resilience and response
- iv. Test new arrangements for specific public health functions – screening and immunisation
- v. Agree PH information requirements and Information governance
- vi. Ensure a comprehensive legacy handover document is produced

The Public Health Support to Commissioners work stream has two objectives:

- i. To ensure that appropriate systems are in place for Public health officers to advice and support all commissioners of public health functions and that commissioners have systems in place to respond to PH advice and guidance
- ii. To establish systems to ensure support is available to healthcare commissioners to both in put and take account of the JSNA and provide public health skills to interpret and analyse population data to support commissioning decisions.

The Commissioning and Performance work stream has three objectives:

- i. In liaison with the financial group, to provide a detailed assessment of the current services and expenditure on the public health services due to be transferred. This includes identifying current contracts, service specifications; spend, performance and quality, in order that future commissioners can make a risk assessment of the transition of the responsibilities.
- ii. To ensure robust internal accountability and performance monitoring arrangements are in place to cover the transition year and beyond, including schemes of delegation, providing monthly reports to the Transition Board.
- iii. To review the contracts and performance reports in line with the Public Health Outcomes Framework

The transition of Services and programmes work stream has four objectives:

- i. To ensure current public health performance and delivery is maintained during transition
- ii. Undertake a public health programme analysis of functions currently commissioned and delivered by NHS Sutton and Merton, identifying the service provided to each of the boroughs
- iii. Plan a phased separation and transfer of services as appropriate
- iv. To test the arrangements for the services that have been transferred

The Communications and Engagement work stream has five objectives:

- i. To produce a Communications and Engagement Plan
- ii. To Identify all key stakeholders and level of interest / involvement
- iii. To ensure that all key stakeholders are aware of and engaged in the process and implications of the transfer of responsibility of the Public Health function to the Council, at an appropriate level.
- iv. To consider events to increase awareness and engagement

The Infrastructure and IT work stream has one overall objective:

- i. To ensure that the appropriate infrastructure is in place for public health to transfer to the LB Merton by April 2013 including:
 - a. Accommodation
 - b. IT systems and hardware
 - c. Support services

The Project Management work stream has three overall objectives:

- i. To produce a Public Health Transition Plan for Merton setting out clear plans for ensure the smooth transition of the public health function to the London Borough of Merton by April 2013 in line with government policy and guidance.
- ii. To manage the implementation of the plan and report progress regularly to the Transition Board
- iii. To advise the Council on the local implications of national guidance on the role of Public Health in LA

14. Resources

The project will require a substantial amount of time from staff both within and outside the public health team. In addition, £30,000 has been allocated from the NHS SW London Transition Team and this has been supplemented (up to £20,000) by the Sutton and Merton Public Health budget. This resource will support project management until July 2012, and further resource will be sought to continue this capacity.

Staff from NHS SW London and the council will also need to free up time to take on specific pieces of work and attend project meetings. It is anticipated that support will be needed from the council, PCT and cluster to support the work stream tasks.

Additional costs will be identified as the project progresses. It is anticipated that there will be costs associated with the IT and infrastructure required to move public health staff to the council offices, with communication, and possibly redundancies, if this cannot be avoided.

- Nov 2010 Healthy lives, healthy people, our strategy for public health in England, HM Government
- Dec 2011 Local Government leading for Public Health
- Dec 2011 Public Health England (PHE) Operating Model

- Jan 2012 Public Health Outcomes Framework

National Guidance and Support

- July 2011 Healthy lives, healthy people: Update and way forward, HM Government
- Nov 2011 Public Health Human Resources (HR) Concordat, DOH

- Jan 2012 Public health transition planning support for primary care trusts and local authorities, DOH and Local Government Association
- Jan 2012 Public Health Workforce Issues, Local Government Transition Guidance, Local Government Association
- Feb 2012 Building a People Transition Policy for Public Health England, DOH
- Feb 2012 Baseline Spending estimates for the new NHS and Public Health Commissioning Architecture

DRAFT

Terms of Reference for the Appendix 2
Public Health Transition Board - Merton

Constitution	The London Borough of Merton Corporate Management Team and NHS SW London resolve to establish a Working Group to be known as the <u>Public Health Transition Board - Merton</u>
Membership	The members shall be appointed by Chair of the Board. Membership of the Board is below.
Quorum	A quorum shall be four members, with at least one representative from both the London Borough of Merton and NHS SW, London Sutton and Merton.
Attendance	Members or their deputies shall normally attend meetings.
Frequency	Meetings shall be held monthly.
Authority	The Transition Group is authorised by the London Borough of Merton Corporate Management Team and NHS SW London Sutton and Merton to investigate any activity within its terms of reference.
Aim/Purpose	The aim of the Board is to ensure a smooth transfer of the Public Health Responsibilities from NHS Sutton and Merton to the London Borough of Merton by April 2013 in line with government policy and guidance.
Principles	The principles of the Transition Board are: <ol style="list-style-type: none">1. The health and social care reforms propose the transfer of public health functions currently provided by PCTs to local authorities, a new integrated public health service called Public Health England, and the NHS commissioning Board. All three domains of public health; health improvement, health protection and health services planning and effectiveness are covered by these new arrangements from April 2013 and in turn, by the Public Health Transition Board – Merton2. The objective of transition planning is to ensure current public health performance and delivery is maintained during the transition and that future function and form is fit for purpose (keeps the population safe, improves its general health and reduces health inequalities within allocated resources).

3. This means the transition planning can be divided into three phases:
 - September – December 2011 for development of mutual understanding of baselines of public health activities, commissioning, finance, provider contracts; exploring design principles;
 - January – March 2012 for detailed design and planning/negotiation leading to agreement of formal transition plan;
 - April 2012 – March 2013 for shadow arrangements and implementation of transfer.
4. Two Transition Boards have been established for Sutton and Merton to oversee the transition of the current public health functions and resources (including staff) to the two Councils. The two groups will work together or separately as appropriate to maximise resources, minimise duplication and ensure that both groups are in agreement with actions and decisions taken.

Statement of Task for the Transition Board

1. To ensure the smooth transition of the public health function to the London Borough of Merton by April 2013.
2. To ensure current public health performance and delivery is maintained during the transition.
3. To ensure the future function and form is fit for purpose (keeps the population safe, improves its general health and reduces health inequalities within allocated resources)

Objectives/duties The objective / duties of the Transition Board is:

1. To advise the Council on the local implications of national guidance on the role of Public Health in Local Authorities
2. To provide a detailed assessment of the current services and expenditure on the public health services due to be transferred. This includes identifying current contracts, service specifications; spend, performance and quality, in order that future commissioners can make a risk assessment of the transition of the responsibilities
3. To ensure that current staff are properly consulted and kept informed of the changes as it affects their current roles
4. To develop a number of options for the Council Executive and Officers to consider for how Public Health might function following the transfer
5. To ensure that all key stakeholders are aware of and engaged in the process at an appropriate level.

6. To establish a formal project management process to deliver the aims and objectives of the group on time and within the available resources, ensuring handover and closure is planned and timed to minimise service and staff disruption.

Reporting

The minutes of Public Health Transition Board – Merton meetings shall be formally recorded and submitted to the Council’s Corporate Management Team, the shadow Health and Wellbeing Board, Health Scrutiny Panel, the Leaders Strategy Group, the LSCB and the Children’s Trust and the PCT Management Team.

Membership

Dr Val Day (Chair)	Director of Public Health (Interim), NHS SW London, Sutton and Merton
Simon Williams	Director of Communities and Housing, London Borough of Merton
Yvette Stanley	Director of Children’s , Schools and Families Services, London Borough of Merton
Adam Wickings	Borough Managing Director, NHS SW London, Sutton and Merton
Julia Groom	Joint Consultant in Public Health, London Borough of Merton and NHS SW London, Sutton and Merton
Anne Reeder	Project Manager, Public Health Transition

Contact Name: Anne Reeder

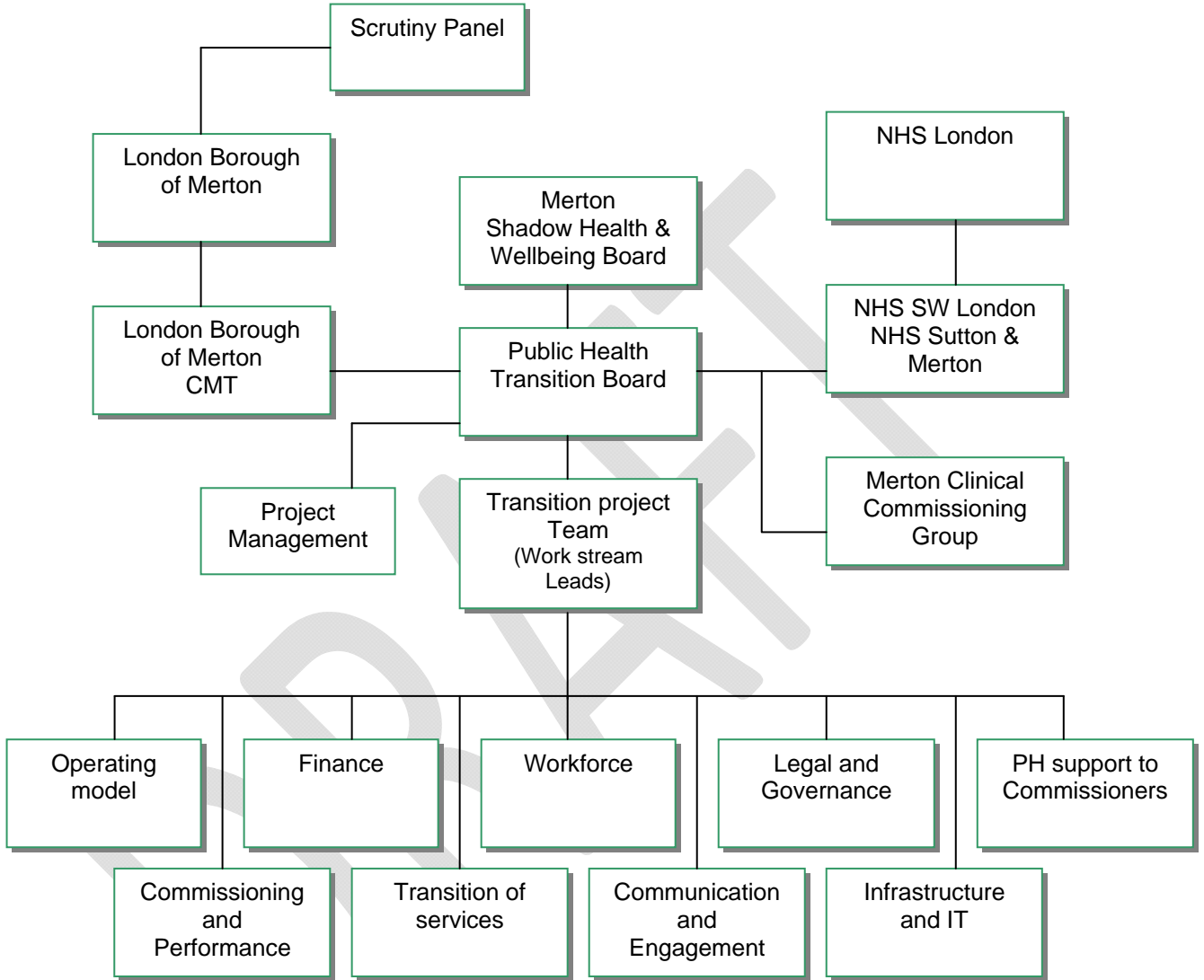
Designation: Project Manager

Date: 12.03.12

Date for Review of ToR:

Transition Plan Project Structure

Appendix 3



Sutton and Merton Public Health Team

Consultants, managers, advisors, coordinators

NHS Sutton and Merton

NHS Sutton and Merton Board

NHS Sutton and Merton managers and staff

NHS London

NHS London Public Health Transition Board

NHS SW London

NHS SW London Joint Board

Clinical commissioning groups

South London Commissioning Support Service

London Borough of Merton

Cabinet

Chief officers, members, Senior Management Team, staff

Health and Wellbeing Scrutiny Panel

Council Departments, members and staff:

Adult Services

Children's Services

Environment and Regeneration

Public, Patients and Service Users

PALs Managers

PPI Forums

Partnership Organisations

Local Strategic Partnership Groups

Shadow Health and Wellbeing Board

Public Health England

Health Watch

Children's Trust

Local criminal justice services

Providers of health services

Local voluntary organisations

Local businesses

Trade Unions

Check List for Transition

Appendix 5

Key Elements for Transition are:

- contributing to the development of the vision and strategy for the new public health role in local authorities
- developing robust transition plans for functions systems and services
- preparing local systems for new commissioning and contracting
- ensuring robust governance arrangements are in place during the transition year
- ensuring delivery of the public health delivery plan for 2012/13
- ensuring new clinical governance systems are in place for all relevant services to be commissioned by the local authority
- preparing for and undertaking formal transfer of staff, including appropriate mechanisms for consulting with staff and trade unions
- testing the new arrangements for specific public health functions, including emergency planning, resilience and response
- effective communications and engagement to give confidence to the public, providers and other stakeholders

Key Element	Checklist
<p>Ensuring a robust transfer of systems and services</p>	<p>Is there an understood and agreed (PCT/local authority) set of arrangements as to how the local public health system will operate during 2012/13 in readiness for the statutory transfer in 2013?</p> <p>Is there a clear local plan that sets out the main elements of transfer including functions, staff TUPE and commissioning contracts for 2013/14 and beyond?</p> <p>Are there locally agreed transition milestones for the transition year, 2012/13?</p> <p>Is there a clear local plan for developing the Joint Strategic Needs Assessment in order to support the Health and Wellbeing Board strategy?</p> <p>Is there a clearly developed plan for ensuring a smooth transfer of commissioning arrangements for the services described in <i>Healthy Lives, Healthy People</i> that local authorities will be responsible for commissioning?</p> <p>Is there a clearly developed plan for ensuring a smooth transfer of those public health functions and commissioning arrangements migrating to the NHS Commissioning Board and Public Health England?</p> <p>Is there local agreement on the delivery of a core offer providing local authority based public health advice to Clinical Commissioning Groups?</p>
<p>Meeting public health delivery plan and targets during transition year</p>	<p>Is it clear how mandated services and steps are to be delivered during 2012/13 and during 2013/14 as part of the new local public health services, ensuring:</p> <ul style="list-style-type: none"> • Appropriate access to sexual health services? • Plans in place to protect the health of the population? • Public health advice to NHS commissioners? • National Child Measurement Programme? • NHS Health Check assessment? <p>Is there clarity around the delivery of critical public health services/programmes locally, specifically, screening programmes; immunisation programmes, drugs and alcohol services, and infection prevention and control?</p>

Key Element	Checklist
Workforce	Have the workforce elements of the plan been developed in accordance with the principles encapsulated within the <i>Public Health Human Resources Concordat</i> ?
Governance	<p>Does the PCT with local authority have in place robust internal accountability and performance monitoring arrangements to cover the whole of the transition year, including schemes of delegation agreed as appropriate?</p> <p>Are there robust arrangements in place for key public health functions during transition and have they been tested, e.g. new emergency planning response to include:</p> <ul style="list-style-type: none"> • Accountability and governance? • Details of how the Director of Public Health, on behalf of the local authority, assures themselves about the arrangements in place? • Lead Director of Public Health arrangements for emergency preparedness, resilience and response, and how it works across the Local Resilience Forum area? <p>Are there robust plans for clinical governance arrangements during transition including for example arrangements for the reporting of serious untoward incidents/incident reporting and Patient Group Directions?</p> <p>Has the PCT with the local authority agreed a risk sharing based approach to transition?</p> <p>Is there an agreed approach to sector-led improvement?</p> <p>Is the local authority engaged with the planning and supportive of the PCT approach to public health transition?</p>
Enabling infrastructure	<p>Has the PCT with the local authority identified sufficient capability and capacity to ensure delivery of their plan?</p> <p>Has the PCT with the local authority identified and resolved significant financial issues?</p> <p>Has the PCT with the local authority agreed novation/other arrangements for the handover of all agreed public health contracts?</p> <p>Are all clinical and non-clinical risk and indemnity issues identified for contracts?</p> <p>Are there plans in place to ensure access to IT systems, sharing of data and access to health intelligence in line with information governance and business requirements during transition and beyond transfer?</p> <p>Have all issues in relation to facilities, estates and asset registers been resolved?</p> <p>Is there a plan in place for the development of a legacy handover document during 2012/13?</p>
Communication and engagement	<p>Is there a robust communications plan?</p> <p>Does it consider relationships with the Health and Wellbeing Board, Clinical Commissioning Groups and the NHS Commissioning Board, HealthWatch and local professional networks?</p> <p>Is there a robust engagement plan involving stakeholders, patients, the public, providers of public health services, contractors and Public Health England?</p>

Appendix 6

Risk Log

Risk ID	Work Stream	Risk Definition	Date Identified	Consequence	Likelihood	Risk Rating	Risk Management Plan	Lead	Open	Closed
1.	Operating model	Lack of clarity and common vision for public health								
2.	Operating Model	Lack of agreement on future structure for PH								
3.	Operating model	Structure agreed, including position of DPH but out of line with other LAs resulting in recruitment problems								
4.	Operating model	Lack of clarity and delay in agreeing PH strategy affecting service delivery								
5.	Finance	Insufficient financial allocation								
6.	Finance	Inability to split resources between the 2 boroughs								
7	Finance	Unavoidable redundancy costs								
8.	Workforce	Future change/ anticipation of change may destabilise staff who may leave or become distracted								
9.	Workforce	Change may not be supported by staff or trade unions – potentially leading to industrial action								
10.	Workforce	Loss of specialist PH skills								

11.	Legal & Governance	Delay in agreeing MOU																	
11.	Legal & Governance	Loss of PH corporate memory, knowledge																	
12.	Commissioning	Lack of clarity and /or agreement on position of PH commissioning in new structure																	
13	Communication and Engagement	Insufficient understanding and buy in from key stakeholders to implement changes																	
14.	Infrastructure	Insufficient resources to accommodate PH in borough accommodation																	
	Infrastructure	Inability to access both council and NHS systems																	
	Project Management	Changes in national policy leading to major rescoping of project																	
	Project management	Existing projects not aligned with transition project																	

To be completed, agreed by Transition group

Issues Register

Appendix 7

Issue ID	Work Stream	Issue Detail	Date Identified	Issue Rating	Current position	Lead	Last reviewed	Open	Closed

Risk scoring table

Severity		Frequency							
		Rare - 1	Unlikely - 2	Moderate - 3	Likely - 4	Certain - 5			
Minor - 1	1	2	3	4	5				
Moderate - 2	2	4	6	8	10				
Serious - 3	3	6	9	12	15				
Major - 4	4	8	12	16	20				
Critical - 5	5	10	15	20	25				

Work Stream Report Template

Appendix 8

Date:	Work stream:	Work stream lead:	Report Author:

Milestones due this month			
Task / Milestone	Achieved Y/N	Revised date	Comments / corrective action

66

Changes in Risks		
Risk ID	Risk Definition	Risk rating

Changes in Issues		
Issue ID	Risk Description	Issue rating

Outline Transition Plan

Appendix 9

Work stream	March 2012	April 2012	May 2012	June 2012	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	March 2013	April 2013
Service Design	Options paper	Agree model for PH structure & DPH	Agree approach to developing vision & strategy	Agree vision & strategy & design operating model										
Finance	Baseline Funding estimates received	Analysis of baseline	Analysis of service programme income & spend	shadow financial reporting						Allocations to council				
Workforce		Staff engagement starts	Agree staff transfer process	Identify staff to transfer	consultation document				Staff consultation		Consultation response document			Staff transfer
Legal, governance & performance		MOU agreed	Identify governance issues to be addressed	Shadow governance arrangements					Draft legacy and handover documents		Final legacy and handover documents			
PH health support to NHS Commissioners					Set up systems									
Commissioning and contracts			Analysis of contracts, service specs, etc											
Communication & engagement	Draft Comms Plan	Agree Coms Plan	Local engagement		Develop interface with PHE									
Service delivery		Programme analysis	Separate services	start to transfer in shadow form				Test arrangements for delivering PH	Test arrangements for emergency					
			Ensure continued delivery of programmes and services					Agree PH role in emergency planning						
Infrastructure and IT			Identify current & future IT & comms needs		Design & cost systems									
Project Management	Transition Plan-draft	Agree Transition Plan	Implement transition Plan					Assessment of progress						Evaluate

Transition Action Plan

Appendix 10

Attached as a separate paper



Public Health Transition Action Plan **Work in progress: V 3**
For the London Borough of Merton

Summary of Work-streams and Key Objectives with responsibilities and timelines.

Overall aim: To ensure a smooth transfer of the Public Health Responsibilities from NHS Sutton and Merton to the London Borough of Merton by April 2013

CONTENTS

	Work stream	Page	Work stream	Page
A	Future Operating Model (Vision, Strategy and Structures)		F. Commissioning and performance	
B.	Finance, including arrangements for 2012/13 oversight		G. Transition of services and programmes	
C.	Workforce, including consultation		H. Communications and Engagement	
D.	Governance and legal framework, including contracts		I. Infrastructure and IT	
E.	Arrangements for public health support to NHS commissioners		G Project Management	

Key to lead responsibility in Work-streams.

Transition Plan								
A. Future Operating Model (Vision, Strategy and Structures), including critical decisions about a dedicated or shared Director of Public Health and public health team lead (LBM) and (NHS)								
No.	Key Tasks	Actions	Comments / Progress	Lead	Complete by	Start	Finish	RAG /Risk
A1	Agree Organisational structure including position of DPH	Identify options Cost options Produce paper on options for discussion and agreement of preferred option Agree preferred option		VD VD VD				
A.2	Develop vision and strategy for Public Health in Merton	Link with Health and Well being Strategy Engage with key stakeholders						
A.3	Design future operating model							

Transition Plan								
B. Finance, including arrangements for 2012/13 oversight: lead (LBM) and (NHS)								
No.	Key Tasks	Actions	Comments / Progress	Lead	Complete by	Start	Finish	RAG /Risk
B.1	Financial assessment of the current services, income and expenditure and compare with proposed financial baseline allocation	Identify 2011/12 spend						
		Agree 2012/13 Public Health budget and resolve any significant finance issues						
		Divide funding between the two boroughs of Merton and Sutton						
B.2	General Ledger & Respective Feeder systems: Payroll, Debtors, Creditors, Procurement	Compare with proposed base line allocations and identify future financial implications						
		Agree new hierarchy in Council ledger						
		Transfer historic/previous years information and ensure it is accessible						
		Get new licences for and all other associated software and systems for PH services						
		Transfer debtor and creditor balances as at 31.03.13 to Merton Council systems						
		Set up new payroll run for PH staff						

Transition Plan								
C. Workforce, including consultation: lead (LBM) and (NHS)								
No.	Key Tasks	Actions	Comments / Progress	Lead	Complete by	Start	Finish	RAG /Risk
C.1	Develop a workforce plan	Map current functions and responsibilities						
C.2	Achieve the successful transfer of PH staff and ensure full staff engagement, communication and partnership working	Agree NHS and LA staff in scope for transfer / deployment to new operating model based on guidance re roles of PHE and LA						
	SUBJECT TO EVOLVING NATIONAL GUIDANCE / AGREEMENTS	Identify all potential NHS employees that should transfer to LA including impact on corporate (business support) functions						
		Confirm TUPE or COSOP. Identify implication of this						
		Establish pension arrangements for transferring staff						
		Formal notification to Trade Unions re proposed transfer						
		Agree process for populating posts in new operating model./ structures						
		Submit first round the workforce employee liability information / HR Due Diligence						
		Formal letter to transferee regarding measures						

C.6	Staff Contracts	New contracts issued							
C.7	Confirm accommodation provision post April 2013	Identify current accommodation occupied and cost. Identify proposed accommodation							
		Identify any individual workplace adjustments that may be required including IT							

Transition Plan

D. Governance and legal framework, including contracts: lead (LBM) and (NHS)

No.	Key Tasks	Actions	Comments / Progress	Lead	Complete by	Start	Finish	RAG /Risk
D.1	Governance Plans	LA and PCT leads to work together to ensure that all governance arrangements are adhered to during the transition year. Ensure the PH team has appropriate governance support during transition and beyond						
D.2	Performance	Ensure that there are integrated arrangements in place to ensure contract continuity and monitor new public health outcomes framework - key performance indicators						

	<p>Ensure risk registers updated in NHSSM prior to transfer</p> <p>Ensure arrangements, systems and procedures are agreed for safe effective transfer in all areas pertaining to risk including:</p> <ul style="list-style-type: none"> • SUIs • Emergency plan • Health and Safety 										
<p>D.3 Risk</p>	<p>With the Infrastructure / IT work stream, identify existing information governance arrangements and implement in shadow form new systems and processes to ensure a smooth transition:</p> <p>Records Management</p> <ul style="list-style-type: none"> • Archiving • Information Asset register <p>Documentation</p> <ul style="list-style-type: none"> • Policies • Procedures • Patient Literature 										
<p>D.4 Information Governance</p>											

D.5	Infection control	Establish existing arrangements for Infection Prevention and Control and develop future safe efficient arrangements							
D.6	Clinical Effectiveness	Establish existing arrangements for clinical effectiveness and develop and propose safe and efficient arrangements for future service delivery Identify role of LBM in research and development and clinical audit Ensure all areas of litigation are flagged (if any)							
D.7	Litigation	Ensure all areas of litigation are flagged (if any)							
D.8	Insurance	Ensure LBM insurance covers work to be transferred, including clinical activity							
D.9	Review all outstanding SUIs and complaints	Create a database of outstanding / on-going services issues							
D.10	Business Continuity Plans	Develop BCP for new public health team							
D.11	Legal and democratic	Develop scheme of delegation							
		Clarify statutory officer functions							
		Define / agree role for Cabinet member for public health							
		Define 'public health outcomes framework' as a statutory plan							

Transition Plan								
E. Arrangements for public health support to NHS commissioners: lead (LBM) and (NHS)								
No.	Key Tasks	Actions	Comments / Progress	Lead	Complete by	Start	Finish	RAG /Risk
E.1	Ensure arrangements are in place to support NHS Commissioners	Provision of objective support in following areas: <ul style="list-style-type: none"> • PH analysis • Clinical effectiveness • Resource allocation • Engagement with public and patients To improve quality in primary care To support strategic planning						

Transition Plan								
F. Commissioning and performance: lead (LBM) and (NHS)								
No.	Key Tasks	Actions	Comments / Progress	Lead	Complete by	Start	Finish	RAG /Risk
F.1	Review and renew Contracts Signed within the	Agree draft new contract format, ensuring it is appropriate for clinical care.						

<p>agreed timescale</p>	<p>To collate a list of all contracts and service specifications requiring transfer with public health to The Council</p>									
	<p>Review and revise in line with 2013-2014 Operating Framework and Public Health outcomes framework and commissioning intentions</p>									
	<p>Identify service specifications to be transferred</p>									
	<p>Service specifications agreed by The Council</p>									
	<p>Data quality and improvement plans agreed to ensure access to data by the contracting team</p>									
	<p>Provide assurance that all services are covered by an SLA</p>									
	<p>Contract and values agreed using LBM format</p>									
	<p>Contract sign off</p>									
	<p>Establish a contract payment schedule which finance and providers are aware of</p>									

F.4	Ensure final legacy and handover documents are produced									
F.5	Agree robust internal accountability and performance monitoring arrangements to cover the whole of the transition year, including schemes of delegation									

Transition Plan

G. Transition of services and programmes: lead (LBM) and (NHS)

No.	Key Tasks	Actions	Comments / Progress	Lead	Complete by	Start	Finish	RAG /Risk
G.1	Identify and agree all services to be transferred	Carry out programme analysis Rank services according to ease of separating between Merton and Sutton Monitor performance, etc and separate where possible and appropriate						
G.2	Agree the delivery of critical public health	Ensure services continue to be delivered during 2012/13						

	services/programmes locally, specifically, screening programmes; immunisation programmes, drugs and alcohol services, and infection prevention and control	Plan transfer of services to LBM and where appropriate transfer in using shadow arrangements							
G.3	Agree how mandated services are to be delivered during 2012/13 and during 2013/14 as part of the new local public health services	<ul style="list-style-type: none"> Sexual health Protection of public health Public Health advice National child measurement programme NHS Health Check Assessment 							
	Testing	With the Governance work stream leads, plan and test arrangements for PH in emergency planning							

Transition Plan

H. Communication and Engagement: lead (LBM) and (NHS)

No.	Key Tasks	Actions	Comments / Progress	Lead	Complete by	Start	Finish	RAG /Risk
H.1	Develop Communication & Engagement Strategy	Development of staff communications and engagement strategy [with internal and external communications] Identify all stakeholders and agree appropriate level of communication and engagement						
		Agree appropriate ways to communicate with stakeholders						
H.2	Links with Public Health England	Clarity about mutual responsibilities Articulate mutual working arrangements Articulate mutual working arrangements						
H.3	Relationships with CCG (s)	Engagement, if any, by PHO in CCC governance Agreement of resource in LA PH to provide 'core offer' Agreed means of delivering 'core offer'						

H.4	Links with CSS(S)	Mutual confirmation of no functional overlaps Articulate mutual working arrangements (if any)							

Transition Plan

I: Infrastructure and IT (LBM) and Lead (NHS)

No.	Key Tasks	Actions	Comments / Progress	Lead	Complete by	Start	Finish	RAG /Risk
I.1	IT support to PH team	Obtain info regarding current IT systems including IT support staff						
I.2	IT systems	Agree access to NHS data – for public health intelligence / N3 connection						
I .3	Identify Technology licenses and implications	Identify all licenses including consents which need to transfer from existing organisations into new organisation						
I.4	Information Governance	Work with the Legal and Governance work stream leads to ensure access to IT systems, sharing of data and access to health intelligence in line with information governance and business requirements during transition and beyond transfer.						

I.5	Electronic Records	Migrate e-mail and electronic records to LBM systems ensuring forwarding of e-mails to new account							
I.6	Mobile Phones	Identify mobile phones and budget.							
I.7	Intranet	Ensure current access to Intranet, to include sensitive health search terms							
I.8	ID Badges and Swipe Cards	Produce LBM ID badges and swipe cards for access to premises							
I.9	Car Park Passes	Establish entitlement to car park passes and issue accordingly							
I.10	Accommodation	Assess accommodation (office/desk/ meeting room) requirements of the team and what will be available on transfer to council accommodation							
		Ensure accommodation is suitable and ready for use on April 1st							

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Background paper 1: Health and Social Care Bill: Public Health provisions as applicable to local authorities

12 Duties as to improvement of public health

- Each local authority must take such steps as it considers appropriate for improving the health of the people in its area
- The steps that may be taken include:
 - Providing information and advice
 - Providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way)
 - Providing services or facilities for the prevention, diagnosis or treatment of illness
 - Providing financial incentives to encourage individuals to adopt healthier lifestyles
 - Providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment
 - Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement
 - Making available the services of any person or facilities

14 Clinical Commissioning Groups

- Each clinical commissioning group must obtain advice appropriate for enabling it effectively to discharge its functions from people who have a broad range of professional expertise in-
 - the prevention, diagnosis and treatment of illness, and
 - the protection or improvement of public health

30 Appointment of Directors of Public Health

- Each local authority must, acting jointly with the Secretary of State, appoint an individual to have responsibility for the exercise of its public health functions, including those that relate to planning for, or responding to, emergencies involving a risk to health and the functions of the authority under section 325 of the Criminal Justice Act 2003.
- The individual so appointed is to be an officer of the local authority and is to be known as its Director of Public Health.
- A local authority may terminate the appointment of its Director of Public Health.
- Before terminating the appointment of its Director of Public Health, a local authority must consult the Secretary of State.
- A local authority must have regard to any guidance given by the Secretary of State in relation to its Director of Public Health, including guidance as to appointment, terms and conditions and management.

31 Exercise of public health functions of local authorities

- A local authority must, in the exercise of any of its public health functions, have regard to any document published by the Secretary of State for the purposes of exercising these functions.

- A document and guidance published under this section may include guidance as to the appointment of officers of the local authority to discharge any of the public health functions, including their terms and conditions, management and dismissal.
- The Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority.
- The local authority must publish the report.

32 Complaints about exercise of public health functions by local authorities

- Regulations may make provision about the handling and consideration of complaints about the exercise by a local authority of any of its public health functions, and any of its other functions which relate to public health and for which its Director of Public Health has responsibility.

212 Establishment of Health and Wellbeing Boards

- A local authority must establish a Health and Wellbeing Board for its area, which must include the Director of Public Health as a member.

Reference: Health and Social Care Bill as published for House of Lords Report Stage
14 March 2012

<http://www.publications.parliament.uk/pa/bills/lbill/2010-2012/0132/2012132.pdf>

Background Paper 2: Improving outcomes and supporting transparency A Public Health Outcomes Framework for England, 2013-2016

A new Public Health Outcomes Framework is intended to set the vision for the public health system. It consists of two overarching outcomes and four domains.

The overarching outcomes are:

- **Increasing healthy life expectancy** – this indicator takes account of the health quality as well as the length of life, and will use a self reported health assessment applied to life expectancy
- **Reduced differences in life expectancy and healthy life expectancy between communities** – through greater improvements in more disadvantaged communities

The four domains are:

Domain 1: Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators:

- Children in poverty
- School readiness
- Pupil absence
- First-time entrant to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness and disability in settled accommodation (2 indicators)
- People in prison who have a mental illness or a significant mental illness
- Employment for those with a long-term health condition including those with a learning disability or mental illness
- Sickness absence rate
- Killed and seriously injured casualties on England's roads
- Domestic abuse
- Violent crime
- Re-offending
- The percentage of the population affected by noise
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- Social connectedness
- Older people's perception of community safety

Domain 2: Health Improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators:

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery

- Under 18 conceptions
- Child development at 2-2.5 years
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- Emotional wellbeing of looked after children
- Smoking prevalence – 15 year olds
- Hospital admissions as a result of self-harm
- Diet
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adults
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol related admissions to hospital
- Cancer diagnosed at stage 1 and 2
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check programme by those eligible
- Self-reported wellbeing
- Falls and fall injuries in the over 65s

Domain 3: Health Protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators:

- Air pollution
- Chlamydia diagnoses
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development managements plan
- Comprehensive, agreed inter-agency plans for responding to public health incidents

Domain 4: Healthcare public health and preventing premature mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators:

- Infant mortality
- Tooth decay in children aged five
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- Mortality from communicable disease
- Excess under 75 mortality in adults with serious mental illness

- Suicide
- Emergency readmissions within 30 days of discharge from hospital
- Preventable sight loss
- Health-related quality of life for older people
- Hip fractures in over 65s
- Excess winter deaths
- Dementia and its impacts

Detailed technical analysis is underway to populate those indicators for which data is currently available, which will support priority setting for the public health performance priorities and the Joint Health and Wellbeing Strategy.

Reference:

Improving outcomes and supporting transparency

A Public Health Outcomes Framework for England, 2013-2016

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf